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ABSTRACT

Six fact sheets on issues relevant to children's emotional well being are presented in this document. The first fact sheet, "Children and Divorce" provides information for parents to consider when getting a divorce. Parents are encouraged to be aware of the stress that the events surrounding a divorce cause for the child. The second fact sheet, "Teens: Alcohol and Other Drugs" looks at trends and warning signs of teenage drug abuse. Other issues discussed include use patterns and teenagers who are "at risk" for substance abuse problems. The third fact sheet, "The Depressed Child" discusses how depression in children and teenagers differs from the behavior of depressed adults. Warning signs for depression are discussed. The fourth fact sheet, "Child Abuse--The Hidden Bruises" reviews the statistics on physical child abuse. Implications for abused children as adults and parents are discussed. Warning signs for abused children are presented, and counseling issues are discussed. The fifth fact sheet, "Child Sexual Abuse" first looks at the prevalence of this problem, which is very high but difficult to determine with precision and then goes on to point out the number of unreported instances, behavioral signs, and steps for prevention. The sixth fact sheet, "The Child With a Long-Term Illness" discusses the psychological problems associated with chronic illness. Suggestions are included for parents to help their child develop psychologically healthy ways of living with the disease and its effects. (LLL)

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Facts for Families

from the American Academy
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[1989]

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Facts for Families

from the American Academy of Child and Adolescent Psychiatry

No. 1 (1/89)

Children & Divorce

Frequently parents who are getting a divorce are worried about the effect on their children. These parents may be preoccupied with their own problems but still realize that they are the most important people in their children's lives.

While parents may be devastated or relieved by the divorce, children are invariably frightened and confused by the threat to their security. Some parents feel so hurt or overwhelmed by the divorce that they may turn to the child for comfort or direction. Divorce can be misinterpreted by children unless parents tell them what is happening, how they are involved and not involved and what will happen to them.

Children often believe they have caused the conflict between their mother and father. Many children assume the responsibility for bringing their parents back together, sometimes by sacrificing themselves. Vulnerability to both physical and mental illnesses can originate in the traumatic loss of one or both parents through divorce. With care and attention, a family's strengths can be mobilized during a divorce, and children can be helped to deal constructively with the resolution of parental conflict.

Parents should be aware of the stress that the events surrounding a divorce cause for the child. Persistent signs of

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stress in a child include loss of motivation for school, or for making friends or even for having fun. Other warning signs include sleeping too much or too little, or being unusually rebellious and argumentative within the family.

Children need to know that their mother and father will still be their parents even though the marriage is ending and the parents won't live together. Long disputes or "battles" over custody can be particularly harmful for the youngster and can add to the damage of the divorce.

Parents' ongoing commitment to the child's well-being is vital. If a child shows signs of stress, the family doctor or pediatrician can refer the parents to a child and adolescent psychiatrist*, a physician able to diagnose and treat the "whole child"--to help with the medical as well as psychological and emotional problems that may have arisen as a result of stress. In addition, a child and adolescent psychiatrist can meet with the parents to help them learn how to make the strain of the divorce easier on the entire family.

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*Physician with at least 5 years additional training beyond medical school in adult, child and adolescent psychiatry.

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Facts for Families

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No. 3 (9/89)

TEENS: ALCOHOL AND OTHER DRUGS

Most teenagers will have some experience with alcohol and other drugs. Most will experiment and stop, or continue to use casually without significant problems. Some will use regularly, with varying degrees of physical, emotional and social problems. Some will develop chemical dependency and be destructive to themselves and others for many years. Some will die, and some will cause others to die.

Many grow out of using alcohol and other drugs. But since there is no certain way to predict which teenagers will develop serious problems, all use should be considered dangerous. Saying no is often part of the solution, but "just saying no" is often not enough.

Some teenagers are more "at risk" than others to develop alcohol and other drug-related problems. Highest on the list are those with a family history of alcohol or other drug problems.

Legally available drugs include alcohol (over 21) and tobacco products (over a certain age), prescribed medications, inhalants and over-the-counter cough, cold, sleep and diet medications. Illegal drugs include marijuana, cocaine/"crack," LSD, PCP, opioids, heroin and "designer drugs."

Although the use of some drugs has leveled off recently, the use of others has not. In particular, usage rates of alcohol, cigarettes and "crack" remain major areas of concern.

Teenagers often begin with alcohol and cigarettes, then start using marijuana and then advance to other illegal drugs. Many continue using the earlier drugs as they begin using the others. Teens who smoke or drink early are at high risk.

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Teens: Alcohol and Other Drugs, "Facts for Families," No. 3 (9/89)

Warning signs of teenage drug abuse include:

Physical: lasting fatigue, repeated health complaints, red and dull eyes, and a lot of coughing.

Emotional: sudden mood changes, irresponsible behavior, low self-esteem, depression, and lack of interest.

Family: starting arguments or breaking rules within the family, or withdrawing from the family.

School: drop in grades, many absences, discipline problems.

Social problems: illegal activities, scrapes with the law, new group of friends, and changes in dressing and music.

Substance-abusing teenagers often hide, deny and explain away these signs and symptoms.

Some of the warning signs listed above can also be signs of other problems. Parents may recognize signs of trouble but should not be expected to make the diagnosis. An effective way for parents to show care and concern for their teenager is honestly to discuss the use of alcohol and other drugs.

Consulting a physician to rule out physical causes of the warning signs is a good first step. This should often be followed or accompanied by a comprehensive evaluation by a child and adolescent psychiatrist.

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Facts for Families

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No. 4 (1/89)

THE DEPRESSED CHILD

Not only adults become depressed. Children and teenagers also may have depression. Depression is defined as an illness when it persists.

Significant depression probably exists in about 5 percent of children and adolescents in the general population. Youngsters in hospitals and special education centers have higher rates of depression.

The behavior of depressed children and teenagers differs from the behavior of depressed adults. Child and adolescent psychiatrists advise parents to be aware of signs in their youngsters such as:

- Persistent sadness;
- No longer enjoys or looks forward to favorite activities;
- Increased activity or irritability;
- Frequent complaints of physical illnesses such as headaches and stomachaches;
- Frequent absences from school or poor performance in school;
- Persistent boredom, low energy, poor concentration; or
- A major change in eating and/or sleeping patterns.

A depressed child who used to play often with friends may start spending a lot of time alone. Things that were once fun

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The Depressed Child, "Facts for Families," No. 4 (1/89)

may bring little joy to the depressed child, who may withdraw from previous activities. Children and adolescents who are depressed may say they want to be dead or may talk about suicide. Depressed adolescents may abuse alcohol or other drugs as a way to feel better.

Many children and adolescents who cause trouble at home or at school may actually be depressed but not know it. Because the youngster may not seem sad, parents and teachers may not realize that troublesome behavior is a sign of depression. Other depressed children, and sometimes their families, know about the child's depression and know that it hurts.

Early diagnosis and medical treatment are essential for depressed children. For help, parents can ask their physician to refer them to a child and adolescent psychiatrist, who can diagnose and treat depression in children and teenagers.

Note: A child and adolescent psychiatrist is a physician with at least 5 years of additional training beyond medical school in adult, child and adolescent psychiatry.

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Facts for Families

from the American Academy of Child and Adolescent Psychiatry

No. 5 (1/89)

CHILD ABUSE — THE HIDDEN BRUISES

The statistics on physical child abuse are alarming. Of the estimated 250,000 to 500,000 children battered each year by a parent or close relative, at least 4000 die. For those who survive, the emotional trauma remains long after the external bruises have healed. Communities and the courts recognize that these emotional "hidden bruises" can be treated.

Often the severe emotional damage to abused children does not surface until adolescence or later, when many abused children become abusing parents. An adult who was abused as a child has trouble establishing intimate personal relationships, with a tendency to see all other adults as potential abusers. These men and women "cannot stand to be touched." Without proper treatment, they can be damaged for life.

Children who have been abused may display:

- o A poor self-image;
- o Inability to depend on, trust or love others;
- o Aggressive and disruptive--sometimes illegal--behavior;
- o Passive and withdrawn behavior; fear of entering into new relationships or activities;
- o School failure;
- o Serious drug and alcohol abuse.

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The Hidden Bruises, "Facts for Families," No. 5 (1/89)

The child and adolescent psychiatrist* is able to treat the "whole child"--medical as well as psychological or emotional problems that have occurred as a result of the abuse.

The family can be helped to learn new ways of support and communicating with one another. Through treatment, the abused child begins to regain a sense of self-confidence and trust.

Battering is not the only kind of child abuse. Many children are victims of neglect, or sexual or emotional abuse. In all kinds of child abuse, the child and the family can benefit from the comprehensive evaluation and care of a child and adolescent psychiatrist.

*Physicians with at least 5 years additional training beyond medical school in adult, child and adolescent psychiatry.

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No. 9 (9/89)

CHILD SEXUAL ABUSE

Child sexual abuse has been reported up to 80,000 times a year, but the number of unreported instances is far greater, because the children are afraid to tell anyone what has happened, and the legal procedure for validating an episode is difficult. The problem should be identified, the abuse stopped, and the child should receive professional help. The long-term emotional and psychological damage can be devastating.

Child sexual abuse can take place within the family, by a parent, step-parent, sibling or other relative; or outside the home, for example, by a friend, neighbor, child care person, teacher or random molester. However, when the sexual abuse has occurred, the child develops a variety of distressing feelings and thoughts.

No child is psychologically prepared to cope with repeated sexual stimulation. Even a two- or three-year old, who cannot know the sexual activity is "wrong," will develop problems resulting from the inability to cope with the overstimulation.

The child of five or older who knows and cares for the abuser becomes trapped between affection or loyalty for the person, and the sense that the sexual activities are terribly wrong. If the child tries to break away from the sexual relationship, the abuser may threaten the child with violence or loss of love. When sexual abuse occurs within the family, the child may fear the anger, jealousy or shame of other family members, or be afraid the family will break up if the secret is told.

A child who is the victim of prolonged sexual abuse usually develops low self-esteem, a feeling of worthlessness and an abnormal perspective on sexuality. The child may become withdrawn and mistrustful of adults, and can be come suicidal.

Some children who have been sexually abused have difficulty relating to others except on sexual terms. Some sexually abused children become child abusers or prostitutes, or have other serious problems when they reach adulthood.

Often there are no physical signs of child abuse, or signs that only a physician can detect, such as changes in the genital or anal area.

The behavior of sexually abused children may include:

- Unusual interest in or avoidance of all things of a sexual nature.
- Sleep problems; nightmares.
- Depression or withdrawal from friends or family.
- Seductiveness.
- Statements that their bodies are dirty or damaged, or fear that there is something wrong with them in the genital area.
- Refusal to go to school, or delinquency.

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- o Secretiveness.
- o Aspects of sexual molestation in drawings, games, fantasies.
- o Unusual aggressiveness.
- o Suicidal behavior.
- o Other severe behavior changes.

Child sexual abusers can make the child extremely fearful of telling, and only when a special effort has helped the child to feel safe, can the child talk freely.

If a child says that he or she has been molested, parents should stress that what happened was not the fault of the child. Parents should seek a medical examination and psychiatric consultation.

These are some preventive measures that parents can take:

- o Tell children that "If someone tries to touch your body and do things that make you feel funny, say NO to that person and tell me right away."
- o Teach children that respect does not mean blind obedience to adults and to authority--for example, don't tell children to "Always do everything the teacher or baby-sitter tells you to do."
- o Encourage professional prevention programs in the local school system.

Professional evaluation and treatment as soon as possible for the sexually abused child and the family is the best way to overcome the risk that the child will develop serious problems as an adult. The child and adolescent psychiatrist helps the child regain a sense of self-esteem and relieve feelings of guilt about the abuse; helps family members understand how to assist the child in overcoming the trauma; and, if the abuser is a member of the family, works to restore him or her to a healthy role in the family.

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Facts for Families

from the American Academy of Child and Adolescent Psychiatry

No. 19 (9/89)

THE CHILD WITH A LONG-TERM ILLNESS

The child with a serious medical illness is at risk for developing associated psychological problems. Unlike a child with a temporary sickness such as the flu, the child with a chronic illness must cope with knowing that the disease is here to stay and may even get worse. Child and adolescent psychiatrists* point out that almost all these children at first refuse to believe they are ill, and later feel guilt and anger.

The young child, unable to understand why the sickness has occurred, may assume it is a punishment for being "bad." He or she may become angry with parents and doctors for not being able to cure the illness. The youngster may react strongly against pampering, teasing, or other attention. Uncomfortable treatments, and restrictions in diet and activity may make the child bitter and withdrawn.

A teenager with a long-term illness may feel pulled in opposite directions. On the one hand, he or she must take care of the physical problem, requiring dependence on parents and doctors. On the other hand, the adolescent wants to become independent and join his or her friends in various activities. When a teenager with a long-term illness tries to decrease or stop taking the prescribed medication without consulting with the physician, this often shows a normal adolescent desire to take charge of one's own body.

Chronic illness may cause setbacks in school or avoidance of school. This can increase the child's loneliness and feeling of being different from or behind other youngsters.

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* Physicians with at least 5 years of additional training beyond medical school in adult, child and adolescent psychiatry.

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The Child with a Long-Term Illness, "Facts for Families," No. 19 (9/89)

Parents who want to help their child in every way possible should respond not only to the child's illness, but also to his or her strengths. Child and adolescent psychiatrists know that if overprotected, the boy or girl may not learn to socialize or may have difficulty separating from parents when it is time to start school. It is often helpful for the child to be in contact with others who have successfully adjusted to living with a chronic illness.

In their prolonged periods of hospitalization and/or rest at home, children may develop excellence in a hobby or special talent such as art, model airplanes or a foreign language. They may also learn as much about their illness as possible. Such activities are psychologically healthy and should be encouraged.

Children with long-term illnesses are often treated by a team of medical specialists which may usefully include a child and adolescent psychiatrist, who can help the child and family develop psychologically healthy ways of living with the disease and its effects.

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